

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>002392</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/01/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>TERRACE AT TOWNE CENTRE THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7252 ARTHUR BLVD</b> <b>MERRILLVILLE, IN 46410</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00155994.</p> <p>Complaint IN00155994- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 1, 2014</p> <p>Facility number: 002392 Provider number: 002392 AIM number: N/A</p> <p>Survey team: Regina Sanders, RN, TC</p> <p>Census bed type: Residential: 42 Total: 42</p> <p>Census payor type: Private: 42 Total: 42</p> <p>Sample: 3</p> <p>The Terrace at Towne Centre was found to be in compliance with 410 IAC 16.2-5 regard to the Investigation of Complaint IN155994.</p> <p>Quality Review 10/02/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE